1071760

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL 3235-0076 OMB Number: Expires: May 31,2008 Estimated average burden hours per response.....16.00

PROCESSED

JUN 0 5 2008

THOMSON REUTERS

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
<u> </u>						
DATE RECEIVED						
	1					

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Haskell Investor Group	SEC
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE श्रिक्ट हैंग्रे अन्दर्शिष्ट
A. BASIC IDENTIFICATION DATA	JUN UP /IIII
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Ecosphere Technologies, Inc.	Washington, DC 104
Address of Executive Offices (Number and Street, City, State, Zip Code) 3515 S.E. Lionel Terrace, Stuart, FL 34997 (7	Telephone Number (Including Area Code) (72) 287-4846
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Engineer, patent, sell and license clean tech solutions that address pressing global environme	ntal and humanitarian issues.
Type of Business Organization Corporation	ase specify): led 08047660

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

DE

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.. General and/or Promoter Executive Officer Check Box(es) that Apply: Beneficial Owner Managing Partner Full Name (Last name first, if individual) McGuire, Dennis Business or Residence Address (Number and Street, City, State, Zip Code) 3515 S.E. Lionel Terrace, Stuart, FL 34997 Director General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Rushing, III, James C. Business or Residence Address (Number and Street, City, State, Zip Code) 3515 S.E. Lionel Terrace, Stuart, FL 34997 Executive Officer General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Allbaugh, Joe M. Business or Residence Address (Number and Street, City, State, Zip Code) 400 North Capital Street NW, Suite 475, Washington, D.C. 20001 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Stemer, George R. Business or Residence Address (Number and Street, City, State, Zip Code) 2708 Hatmark Street, Vienna, VA 22181 General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter Managing Partner Full Name (Last name first, if individual) Donn, Sr., Michael R. Business or Residence Address (Number and Street, City, State, Zip Code) 3515 S.E. Lionel Terrace, Stuart, FL 34997 Check Box(es) that Apply: Promoter Beneficial Owner | Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Hechtman, Barry I. Business or Residence Address (Number and Street, City, State, Zip Code) 8100 SW 81 Drive, #210, Miami, FL 33143 Check Box(es) that Apply: General and/or Promoter Managing Partner Full Name (Last name first, if individual) Farleigh, Floyd R. Business or Residence Address (Number and Street, City, State, Zip Code)

10700 Darby Circle, Midlothian, VA 23113

A BASTCIDENTIFICATION DATA	
2. Enter the information requested for the following:	·
• Each promoter of the issuer, if the issuer has been organized within the past five years;	
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more 	e of a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners	of partnership issuers; and
• Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer V Director	General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer V Director	Managing Partner
Full Name (Last name first, if individual)	
Vinick, Charles	<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code)	
2323 Foothill Lane, Santa Barbara, CA 93105	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	·-
Goldfarb, Adrian Graham	
Business or Residence Address (Number and Sucet, City, State, Zip Code)	
3515 S.E. Lionel Terrace, Stuart, FL 34997	
Check Box(cs) that Apply: Promoter \(\overline{\pi}\) Beneficial Owner \(\overline{\pi}\) Executive Officer \(\overline{\pi}\) Director	General and/or
Check Box(8) that Approx. Thombten X Beneficial Owner Discourse Officer Discourse	* Managing Parmer
Full Name (Last name first, if individual)	
Grady, Kevin P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
14640 Marvin Lane, Southwest Ranches, FL 33330	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Directo	r General and/or Managing Partner
Fuli Name (Last name first, if individual)	•
McGuire, Jacqueline -	•
Business or Residence Address (Number and Street, City, State, Zip Code)	
	,
3515 S.E. Lionel Terrace, Stuart, FL 34997 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	r General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	Managing Partner
Full Name (Last name first, if individual)	
· .	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	r General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	•
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	r General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	•
(Use blank sheet, or copy and use additional copies of this sheet, as necess	ary)
(man atom arrand in anh) who we make an una superit or manuf	F F

				В. Т	FORMAT	ION ABOU	T OFFERI	NG-				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No ⊠			
2. What is the minimum investment that will be accepted from any individual?							\$_25,000.00					
3. Does the offering permit joint ownership of a single unit?								Yes	No □			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Nam	ie (Last пате	first, if indi	ividual)									
Business	or Residence	Address (N	lumber and	i Street, Ci	ty, State, Z	(ip Code)				· · · · · · · · · · · · · · · · ·		·
Name of	Associated B	roker or De	aler									
States in	Which Person	n Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
(Che	ck "All State	s" or check	individual	States)			······································				☐ A1	States
IL MT RI	IN NE	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Nam	ie (Last name	first, if ind	ividual)					· · ·				
Business	or Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)					<u> </u>	
Name of	Associated B	roker or De	aler									
States in	Which Person	n Listed Has	s Solicited	or Intends	to Solicit	Purchasers				==		
(Che	ck "All State	s" or check	individual	States)	••••••						☐ Al	States
IL MT RI	IN NE	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Nam	ie (Last name	first, if indi	ividual)									
Business	or Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name of	Associated B	roker or De	aler					- 			- · · · - · ·	
States in.	Which Person	n Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Che	ck "All State	s" or check	individual	States)							☐ Al	l States
IL MT RI	IN NE	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1	C. OFFERING PRICE, NUA	MBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS		
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C – proceeds to the issuer."	- Question 4.a. This difference is the "adju	sted gross	\$1,493,065.00	
5.	Indicate below the amount of the adjusted gross p each of the purposes shown. If the amount for a check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	iny purpose is not known, furnish an esti of the payments listed must equal the adju-	mate and		
			Payments to Officers. Directors. & Affiliates	Payments to Others	
	Salaries and fees			00.000.000 s 750,000.00	
	Purchase of real estate		S <u> </u>	_ 🗆 S	
	Purchase, rental or leasing and installation of ma		S	_ 🗆 \$	
	Construction or leasing of plant buildings and fa	cilities	🗀 S	\$	
	Acquisition of other businesses (including the valorifering that may be used in exchange for the as issuer pursuant to a merger)	sets or securities of another	Г ;	□ \$	
	Repayment of indebtedness			_	
	Working capital				
	Other (specify):				
			 	\$	
	Column Totals		<u>7</u> \$ 350,000.0	<u>0</u>	
	Total Payments Listed (column totals added)	S	<u> 5 1,500,000.00</u>		
		D. FEDERAL SIGNATURE			
sig	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to finformation furnished by the issuer to any non-ac	irnish to the U.S. Securities and Exchang	e Commission, upon writ	tule 505, the following ten request of its staff,	
Iss	ner (Print or Type)	Signature	Date 1	······································	
Εc	osphere Technologies, Inc.	11/h	May <u>AG</u> , 20	800	
	ne of Signer (Print or Type)	Title of Signer (Print or Type) Chief Executive Officer	<u> </u>		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)